

FORM
HW-2
(REV. 2005)

STATE OF HAWAII — DEPARTMENT OF TAXATION
**STATEMENT OF HAWAII INCOME TAX WITHHELD
AND WAGES PAID**

CALENDAR
YEAR

2005

COPY A — For Hawaii State Tax Collector

EMPLOYEE'S Name

Social Security Number:

Address and ZIP Code

		<input type="checkbox"/> Corrected
Total Wages (Before Payroll Deductions) 2005 \$	Hawaii Income Tax Withheld \$	Payments Not Included in Total Wages \$ Nature of Payment _____
EMPLOYER'S Name		EMPLOYER: See Instructions on reverse side. FORM HW-2
Address and ZIP Code		
Hawaii Tax I.D. No. W _____ - _____		

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EMPLOYER'S Name		EMPLOYER: See Instructions on reverse side. FORM HW-2
Address and ZIP Code		
Hawaii Tax I.D. No. W _____ - _____		

TO EMPLOYER:

1. Prepare this form for each employee to whom wages have been paid.
2. Fill in —
 - (a) The employee's name, address, ZIP code and social security number.
 - (b) Total wages subject to withholding, or paid to blind, deaf, or totally disabled persons.
 - (c) Amount of income tax deducted and withheld. If no amount was deducted and withheld, enter "none" or "0".
 - (d) Amount of payment not included in "Total Wages" as to which information is required. (See Booklet A — Employer's Tax Guide, Section 10.)
 - (e) Your name, address, ZIP Code and Hawaii Tax Identification Number.
3. Give copies B and C to the employee on or before January 31 following the calendar year, or on the day the last payment of wages is made if his or her employment is terminated before the close of such calendar year.
4. Forward Copy A to the Hawaii State Tax Collector in accordance with the instruction printed on Form HW-3, Employer's Return and Reconciliation of Hawaii Income Tax Withheld From Wages.
5. For further information, see Booklet A — Employer's Tax Guide.

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2. Fill in —
 - (a) The employee's name, address, ZIP code and social security number.
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2005

COPY B — To Be Filed With Employee's Tax Return

EMPLOYEE'S Name

Social Security Number:

Address and ZIP Code

		<input type="checkbox"/> Corrected
Total Wages (Before Payroll Deductions) 2005 \$	Hawaii Income Tax Withheld \$	Payments Not Included in Total Wages \$ Nature of Payment _____
EMPLOYER'S Name		EMPLOYEE: This is not a tax return, but must be filed with your Hawaii Income Tax Return for 2005. See reverse side of this copy & Copy C for Instructions. FORM HW-2
Address and ZIP Code		
Hawaii Tax I.D. No. W _____ - _____		

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Address and ZIP Code

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Social Security Number:

Address and ZIP Code

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Address and ZIP Code		
Hawaii Tax I.D. No. W _____ - _____		

NOTICE TO EMPLOYEE:

This statement is important. It must be filed with your Hawaii Income Tax Return for tax year 2005. If your social security number, name, or address is stated incorrectly, correct the information on this copy and notify your employer.

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2005
COPY C — For Employee's Records

EMPLOYEE'S Name

Social Security Number:

Address and ZIP Code

		<input type="checkbox"/> Corrected
Total Wages (Before Payroll Deductions) 2005 \$	Hawaii Income Tax Withheld \$	Payments Not Included in Total Wages \$ Nature of Payment _____
EMPLOYER'S Name Address and ZIP Code Hawaii Tax I.D. No. W _____ - _____		EMPLOYEE: This is your receipt for your Hawaii Income Tax withheld. DO NOT LOSE THIS STATEMENT. FORM HW-2

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EMPLOYEE'S Name

Social Security Number:

Address and ZIP Code

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Social Security Number:

Address and ZIP Code

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EMPLOYER'S Name Address and ZIP Code Hawaii Tax I.D. No. W _____ - _____		EMPLOYEE: This is your receipt for your Hawaii Income Tax withheld. DO NOT LOSE THIS STATEMENT. FORM HW-2

INSTRUCTIONS TO EMPLOYEE:

This is your receipt for your Hawaii income tax withheld. You should keep it for use in preparing your Hawaii Income Tax Return for tax year 2005 required to be filed on or before April 20, 2006, and as evidence of tax withheld.

DO NOT LOSE THIS STATEMENT

INSTRUCTIONS TO EMPLOYEE:

This is your receipt for your Hawaii income tax withheld. You should keep it for use in preparing your Hawaii Income Tax Return for tax year 2005 required to be filed on or before April 20, 2006, and as evidence of tax withheld.

DO NOT LOSE THIS STATEMENT

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COPY D — For Employer

EMPLOYEE'S Name

Social Security Number:

Address and ZIP Code

		<input type="checkbox"/> Corrected
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EMPLOYER'S Name		EMPLOYER: This copy is for your records. FORM HW-2
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Hawaii Tax I.D. No. W _____ - _____		

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COPY D — For Employer

EMPLOYEE'S Name

Social Security Number:

Address and ZIP Code

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EMPLOYEE'S Name

Social Security Number:

Address and ZIP Code

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